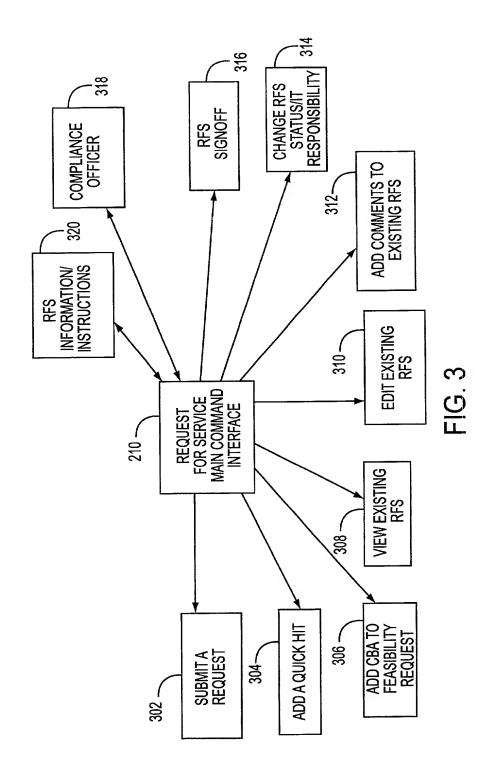
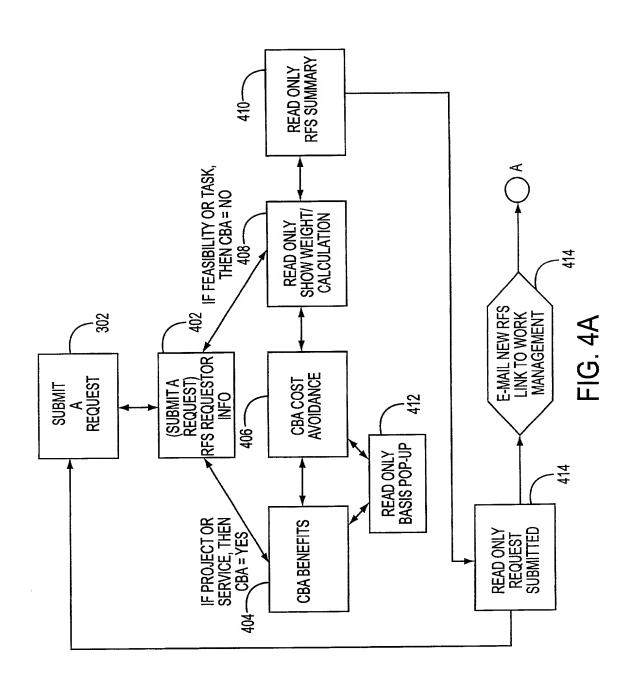
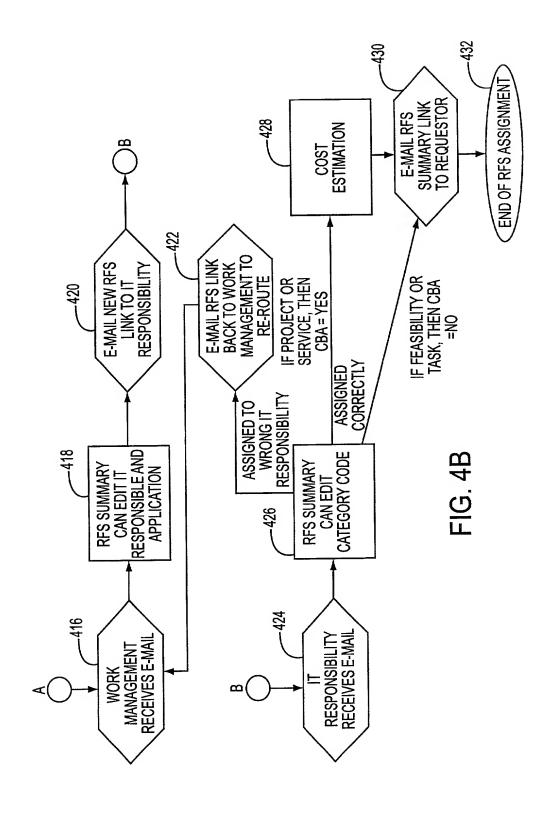
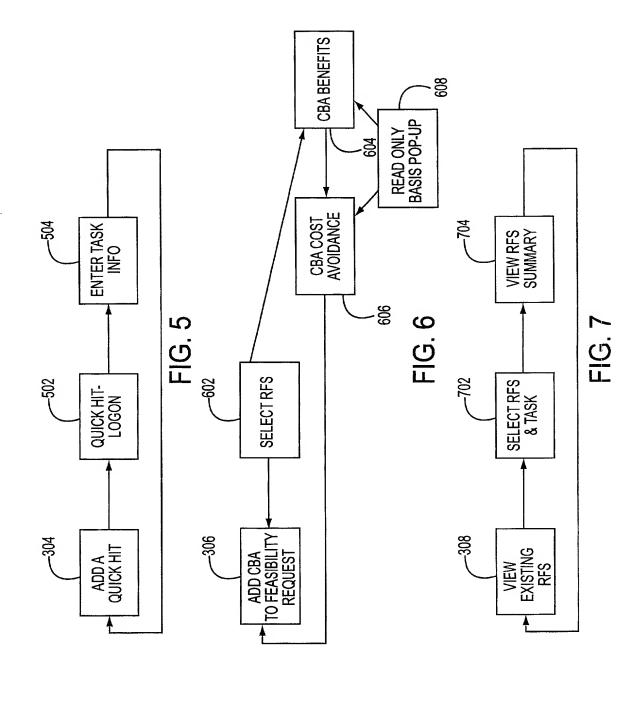


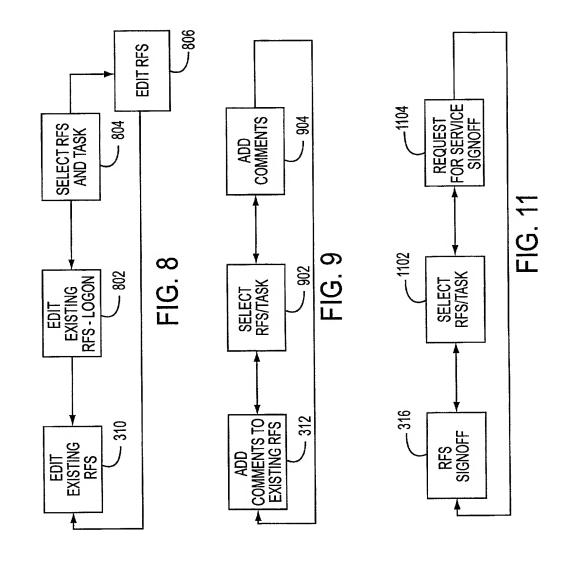
FIG. 2

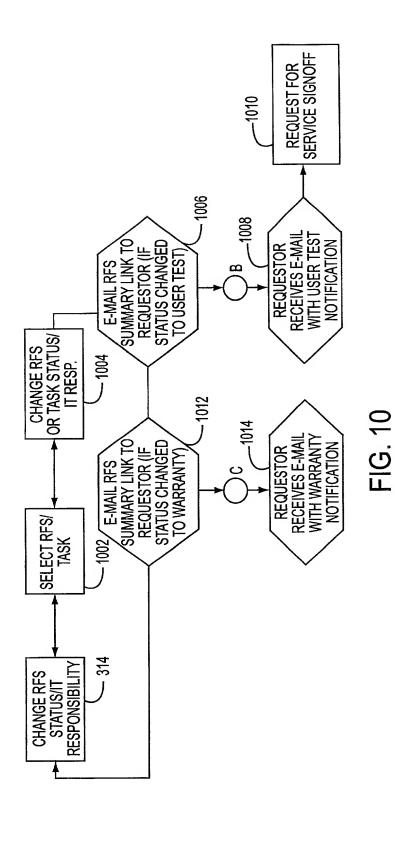












RFS # TASK # Bus. Cost Center Requestor Phone # Site Code Req. Department Fax # Business Critical Date Reason Request Type: Feasibility Project Service Express Lane Short Description Task Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move New Product Describe the requirements for this request: Code Move Code Move				R	equest for Service
Bus. Cost Center Site Code Req. Department Business Critical Date Request Type: Feasibility Project Service Express Lane Short Description Task Code Move New Product Describe the requirements for this request: Application Name Application Name Attachments to be Forwarded At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate Amount S0 Request Weight O Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT:		[RFS#	TA	ASK#
Bus. Cost Center Requestor Phone # Site Code Req. Department Fax # Business Critical Date Reason Request Type: Feasibility Project Service Express Lane Short Description Task Code Move New Product Describe the requirements for this request: Application Name Attachments to be Forwarded At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN MM SE MC TC AR IR Total Cost Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Date Items to be completed by IT WORK MANAGEMENT:	ems to be completed by	REQUESTOR:			
Site Code Req. Department Fax # Business Critical Date Reason Request Type: Feasibility Project Service Express Lane Short Description Task Code Move New Product Describe the requirements for this request: Application Name Attachments to be Forwarded At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Date Items to be completed by IT WORK MANAGEMENT:				Pl	hone#
Business Critical Date Reason Request Type: Feasibility Project Service Express Lane Short Description Task Code Move New Product Describe the requirements for this request: Application Name Attachments to be Forwarded At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Date Items to be completed by IT WORK MANAGEMENT:					
Request Type: Feasibility Project Service Express Lane Short Description Task Code Move New Product Describe the requirements for this request: Application Name Attachments to be Forwarded At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR TOTAL Cost Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Date Analysis Analysis Amount Manager Date Approval - Department Manager Date					
Application Name Application Name Attachments to be Forwarded At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT:		<u> </u>	roject Servic	e	Express Lane
Application Name Attachments to be Forwarded At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT:	Short Description		Task Code Mov	re	New Product
Application Name Attachments to be Forwarded At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate Amount \$0 Amount \$0 Request Weight O Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT:		nts for this request			
At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT					
At a strategic level, explain what this request is intended to accomplish for the business Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate Total Benefit Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Manager Date					
Request Category: DV PC EN X MM SE MC TC AR IR Total Cost Estimate: Total Benefit Estimate Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT	Application Name		ΛHε	schmants to h	e Forwarded
Amount \$0 Amount \$0 Request Weight 0 Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT:		explain what this requ			
Request Weight 0 Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT:	At a strategic level, Request Category: D'	V PC EN	est is intended to a	se M	for the business:
Approval - Department Manager Manager Date Items to be completed by IT WORK MANAGEMENT:	At a strategic level, Request Category: D' Al Total Cost Estimate:	V PC EN	est is intended to a X MM Total Benefit Es	SE M	for the business:
Manager Date Items to be completed by IT WORK MANAGEMENT:	Request Category: D' AF Total Cost Estimate: Amount	V PC EN	est is intended to a X MM Total Benefit Es	SE M	for the business:
Items to be completed by IT WORK MANAGEMENT.	Request Category: D' AF Total Cost Estimate: Amount	V PC EN	est is intended to a X MM Total Benefit Es	SE M	for the business:
	Request Category: D' Al Total Cost Estimate: Amount Request Weight Approval - Departme	V PC EN R IR 0	Est is intended to a X MM Total Benefit Es Amount	SE M	for the business:
	Request Category: D' Al Total Cost Estimate: Amount Request Weight Approval - Departme	V PC EN R IR 0	Est is intended to a X MM Total Benefit Es Amount	SE M	for the business:
	Request Category: D' Al Total Cost Estimate: Amount Request Weight Approval - Department	V PC EN R IR 0 \$0 0 ent Manager	X MM Total Benefit Es Amount	SE M	for the business:
	Request Category: D'Al Total Cost Estimate: Amount Request Weight Approval - Departme Manager	V PC EN R IR \$0 0 ent Manager	x MM Total Benefit Es Amount Date	SE M	for the business:
Team IT Responsibility Extension Cost Center	Request Category: D'Al Total Cost Estimate: Amount Request Weight Approval - Departme Manager	V PC EN R IR \$0 0 ent Manager	x MM Total Benefit Es Amount Date	SE M	for the business:

Requestor Name (Last)	(First)	
Dial Com Phone	Dial Com Fax	
Business Cost Center		i.e. ### - ####
Site	Requestor's email	
(mm / dd / yyyy) Business Critical Date	Reason	(i e john.smith@gecapital.com)
Short Description Add task to existing RFS	RFS Number	•
Describe the requirements of this request		
		4
Application Name	Attachment	
Request Type E-Request \Box At a strategic level, explain what this request is accomplishing for the business	E-Request lishing for the bu	□ siness
		4
		Þ

FIG. 13A

Application Name Request Type At a strategic level, explain what this request is accomplishing for the business
ļ

FIG. 13B

VIEW RFS SUMMARY -	IMARY -		~
RFS Number Date Received	: 60819600 : 12/28/00 11:05:20 AM	Task Number	: 1016
First Name Phone #	: wanda : : 084 Docupet Euffilment	Last Name Fax #	: macgregor :
Site Code Critical Date	. Oor - Nequest I diminion. : Lynchburg	E-Mail ID Reason	: wanda.macgregor@gecapital.com :
Request Type Request Category Compliance Factor Approving Manager	Other Other WORK MANAGEMENT	Status Strategic Alignment Compliance Officer Manager's E-Mail ID Application Priority	: Received
IT Responsibility : WA Project Description (Short) Strategic Explanation			

FIG. 14

2 Request for Service Feed Back	Items to be completed by the Requestor : This Form is automatically submitted	tor Name (Last)
Back	Items to This Form is a	Requestor Name (Last) Dial Com Phone Requestor's email RFS Number Business Critical Date Short Description Describe the requirer

FIG. 15

¢-1			9	9	49	9		9	9	9	9		\$	₩ ₩	\$	₩	₩	
	Net Income Benefits (Enter ONLY numeric values in the 1st Year without commas or decimals.) (If Other is checked then Basis Points have to be entered.) (The text boxes under 1st Year are EDITABLE.)	Increased Revenues 1st Year	Variable Annuity	Variable Life-Single Premium \$	Variable Life-Annual Premium \$	Fixed Annuity \$	SIC	Term \$	Universal Life	Retirement Annuity \$	Structured Annuity \$	Other (Please Specify Below)	9	Total Impact on Net Income Due to Revenue	Cost Reduction \$	Total Net Income Benefit	First Year Impact on Net Income	
Back	Net Income E (Enter ONLY numer (If Other is checked (The text boxes und																	

FIG. 16

						4 6	,,,,
	: Moehlankamp : 888-0000	: joy.taylor3@gecapital.com : Mod to the CPG4 screen	:::0 :::0			1	4
	Last Name Fax #	Group E-Mail ID Reason	Strategic Alignment Compliance Officer Manager's E-Mail ID UPPORT	Mod to the CPG4 screen		Modification to the CPG4 screen to display a + r - slgn,	
VIEW RFS SUMMARY -		Business CC : 000 - CSIG Admin Group Site Code : Richmond Critical Date : 12/29/00	Request Type Request Category Compliance Factor Approving Manager: Application Name DISTRIBUTION SUPPORT	on (Short)	Strategic Explanation	Project Requirements	Compliance Comments

FIG. 17

		1
	: 5000 : Moehlankamp : : [Mod	
le and optional. s and mandatory.	Task # Last Name Request Type RT IT Responsibility Compliance Officer Reason Manager's E-Mail ID	
The fields in blue are editable and optional. The fields in red are editable and mandatory.	Hask # Sanne-Patrick Last N Reque DISTRIBUTION SUPPORT IT Res 1000 - CSIG Admin Group 12 29 2000 Reaso T2 29 2000 Reaso Manag Manag	
Edit RFS -	yyy)	Strategic Explanation

FIG. 18

7 The comments for the requested RFS# and Task# :		Back Reset Submit
The comments for		

FIG. 19

	Change Status	Change Status / IT Responsibility	
RFS #: 62650001	Task # :0000		
Current Status : Received Current IT Responsible : JOY TAYLOR Person	: JOY TAYLOR	Change Status To Change IT Responsible Person To	Received JOY TAYLOR
	Back	Reset Submit	

FIG. 20

<i>c</i> ∙	Task#	
RFS Sign Off	RFS# Select a RFS# and Task#: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Back Reset Next

FIG. 21

Back Short Description: TAI Short Description: TAI 1. Programs written or Mainframe Comments: 1a. Operational Chang JCL Change New Job PROC Change PARM Change Laser Form Change 3. IT Test	Back ? GE Financial Assurance Request for Service - Sign Off	RFSNumber :62650001 TaskNumber :0000	PART 1 - To be completed by DEVELOPER 2. Output reports produced or changed	→	D	1a. Operational Changes No Date Date Date ACL Change	No 🔻 Date 💌 💌	No • Date • •	No 🔻 Date 🔽	No 🔻 Date 🔽 🔻	
	rance	RFSN	ted by DEVELOPE changed			No	No No	No		No	N/A

FIG. 22A

Q Fix Installation N/A 💌 Date 🔝 💌
4. Documentation Status 6. Complete C. Will be Completed by
5. Developer Signature : Extension : Date : 1/9/01
PART II - To be completed by REQUESTOR: See the moved into Production. Comments:
Customer Signature: (Once you sign here, the status of RFS/Task will be changed to 'Pending Production Implementation'.)
PART III - To be completed by IT Change Management (2003) (100) (100) (100) (100) (100)
Move to Production. Signature :
Back Reset Submit

FIG. 22B

	Comments	Comments	Comments		
	Status	11/29/00 Assigned 5:12:20 PM	Received 2:06:24 PM		
	Responsibility	JOY TAYLOR	1		
	Benefit Weight Compliance	None			
	Weight	66	0		
	Benefit	0	0		
aport	Cost	0	0		
Print Report	<u>Date</u> Received	11/29/00 10:12:07 AM	11/28/00 2:06:24 PM		
	Requestor	Taylor, Joy	Taylor,Joy		
Transfer to Excel	Request Application Type Code	PEGA	WKMG	Home	
Tran	Request	Quick Hit	100		
	Description	List NIGO and MFU	test		
Generate Report	Department	Information Technology	Information Technology		
	Task#	1000	0009		
F 5	RFS#	50480001	50480001		

FIG. 23

Cole			RFS				Task		
SALES ILLUSTRATION BRUCE NWA RC NWA NA NA NA NA NA NA N	RFS#		equestor	Responsible Person	لننا	Task #		Responsible	Status
SALES ILLUSTRATIONS SUPPORT BNM2 RC N/A 5 NSCC VAR ANIN PROC SHONK, KMM2 AC 1002 FINCING FINCI	00040001	CONVERT LTC ILLUSTRATION	NEWMAN, BRUCE	RWP	RC	N/A N/A			
3 NSCC VAR ANIN PROC	50759600	SALES ILLUSTRATIONS	ON-CALL SUPPORT	BNM2	ည္ဆ	A S			
SADD DVFS VALSIPERF MOLINAR, BNM2 AC NIA SYS MOLINAR, BNM2 AC NIA MOLINAR, BNM2 AC NIA MOLINAR, BNM2 AC NIA ACONTACT MUGNIT WEIR, TOM BNM2 HD NIA ACONTACT MUGNIT WEIR, TOM BNM2 HD NIA BNM2 HD NIA BNM2 ACONTACT MUGNIT TAMMY TOLEMAN, KMM2 HD 1003 BPRF TOLEMAN TAMMY TAMM	52500711	3 NSCC VAR ANN PROC	SHONK, CAROLYN	KMM2	AC	1002	5 NSCC ANN- ASSET PRICING	BNM2	G G
SADD DVFS VALSIFERF MOLINAR, MAGGIE						1005	5 NSCC PRICES FILE	BNM2	S
S DVFSALLOW USER MOLNAR, BNM2 HD N/A MAINT MAGGIE BNM2 HD N/A MOS-PFE MO	52600766	5 ADD DVFS VALS/PERF SYS	MOLNAR, MAGGIE	BNM2	AC	N N NA			
4 CONTACT MNGMT WEIR, TOM BNM2 HD N/A N/A	52600773	5 DVFS ALLOW USER MAINT	MOLNAR, MAGGIE	BNM2	위	N N			
3TPS CVL+CVLFLEX	54501048	4 CONTACT MNGMT MODS-PFS	WEIR, TOM	BNM2	운	N/A N/A			
0 PROD COMMONWLTH COLEMAN, KMM2	55702544	3TPS CVL+CVLFLEX INT>12%	POLLOCK, TAMMY	BNM2	Н	N/A N/A			
3 PROD COMVA 99 NY SHAHINIAN, C SLC AC 1003 PERF	55702551	0 PROD COMMONWLTH XTRA 99	COLEMAN, SUSAN	KMM2	유	1003	3 PROD XTRACRED- FUND PERF	BNM2	р
	55702636	3 PROD COMVA 99 NY 1 YR DB	SHAHINIAN, C	SLC	AC	1003	3 PROD COMVA99-FUND PERF	BNM2	S

FIG. 24

	Create your own report
Select the fields that you v	Select the fields that you want to get included in the report:
RFS#	
☑ Task#	
☐ Description	
☐ Requestor Name	
☑ Department	All
☑ Request Type	All
区 Request Category	All
더 Application Code	All
Date Received	Equal To
G Cost	Greater Tharl♥
☑ Benefit	Equal To
☐ Weight	
☑ Compliance	None
☑ IT Responsibility	
☐ Status	
☐ Status Date	
☐ Comments	

FIG. 25

Sort By: Task No Department ► Ascending ► O No. of Records :	Generate Report	Home
--	-----------------	------

FIG. 26

